

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212532384			
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: World Hope International, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: H ROBERT SHOWERS SIMMS SHOWERS LLP 305 HARRISON ST 3RD FL LEESBURG, VA 20175 </div> <div> DUE DATE: 8/31/2012 SCC ID NO: F1521600 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: IN					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 625 SLATERS LANE STE 200 CITY/ST/ZIP: ALEXANDRIA, VA 22314-1176 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEVIN BATMAN TITLE: TREASURER ADDRESS: THE WESLEYAN CHURCH 13300 OLIO ROAD CITY/ST/ZIP/CO: FISHERS, IN 46037 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEVIN BATMAN TITLE: TREASURER ADDRESS: THE WESLEYAN CHURCH 13300 OLIO ROAD CITY/ST/ZIP/CO: FISHERS, IN 46037	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	GAYLE RIETMULDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	625 SLATERS LANE SUITE 200		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	CONNIE OTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	606 VAL LANE		
CITY/ST/ZIP/CO:	MARION, IN 46952		
NAME:	DANIEL CHAMBERLAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8051 PETER CT.		
CITY/ST/ZIP/CO:	BROOKSVILLE, FL 34601		
NAME:	ROBERT CLYDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	766 RUDASILL MILL ROAD		
CITY/ST/ZIP/CO:	WOODVILLE, VA 22749		
NAME:	STEPHANIE GILMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101A-900 DYNES ROAD		
CITY/ST/ZIP/CO:	OTTAWA, ON K2C 3L6, CA		
NAME:	JERI SAPE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	641 LEXINGTON AVE. #1414		
CITY/ST/ZIP/CO:	NEW YORK CITY, NY 10022		
NAME:	DAVID BLANCHARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	502 W. BROAD ST. APT. 410		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		
NAME:	GARY ST. JOHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4540 E. MICHILLE DRIVE		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85032		
NAME:	DAVID MIKE CHAMBERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6836 KILLICK PLACE		
CITY/ST/ZIP/CO:	TUSCALOOSA, AL 35046		
NAME:	JO ANNE LYON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13300 OLIO ROAD		
CITY/ST/ZIP/CO:	FISHERS, IN 46037		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS ARMIGER	THOMAS ARMIGER, CEO	8/24/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			